

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov

Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR SUBSTANCE ABUSE COUNSELORS

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different from above)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)

If yes, provide your Wisconsin license/credential number. _____

☐ I was certified by the Wisconsin Certification Board (WCB).

WCB Certification number _____

APPLICATION FEES: **Make one check payable to DSPS for the total DSPS fee and attach to this application.**

For Receipting Use Only

____ **SACIT Certification (Substance Abuse Counselor in Training)**

\$ 75.00 Initial Credential Fee

\$ 75.00 Wisconsin Statute and Rule Exam Fee

\$ 150.00 Total Fee Attached

____ **SAC Certification (Substance Abuse Counselor)**

\$ 75.00 Initial Credential Fee

\$ 75.00 Wisconsin Statute and Rule Exam Fee (This fee is not required if you have already taken and passed this exam for another substance abuse credential.)

\$ 115.00 ICRC Written Exam Fee (not required if passed)

\$265.00 Total Fee Attached

____ **CSAC Certification (Clinical Substance Abuse Counselor)**

\$ 75.00 Initial Credential Fee

\$ 75.00 Wisconsin Statute and Rule Exam Fee (This fee is not required if you have already taken and passed this exam for another substance abuse credential.)

\$ 115.00 ICRC Written Exam Fee (not required if passed)

\$ 265.00 Total Fee Attached

____ **Convictions and Pending Charges Additional Fee**

\$ 8.00 (This fee only applies if Form #2252 is applicable.)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Substance Abuse Counselor-in-Training

- A. Fee(s) attached to this application (Form #2743)
- B. Letters from all State Boards where licensed (includes active and inactive licenses) (if applies)
- C. Wisconsin Statutes and Rules Examination
- D. Social Security Form (Page 5 of 5 Form #2743)
- E. Employment Verification (Form #2770)
- F. Education & Training (Form #2832) with proof of attendance and completion
- G. Conviction and Pending Charges (Form #2252) (if applies)

Substance Abuse Counselor

- A. Fee(s) attached to this application (Form #2743)
- B. Letters from all State Boards where licensed (includes active and inactive licenses) (if applies)
- C. Wisconsin Statutes and Rules Examination
- D. Social Security Form (Page 5 of 5 Form #2743)
- E. International Certification and Reciprocity Consortium (ICRC) written examination taken through DSPS, WCB, or other certifying agency.
- F. Supervised Experience Form (Form #2749)
- G. Education & Training Form (Form #2751) with proof of attendance and completion
- H. Conviction and Pending Charges (Form #2252) (if applies)

Clinical Substance Abuse Counselor

- A. Fee(s) attached to this application (Form #2743)
- B. Wisconsin Statutes and Rules Examination
- C. Social Security Form (Page 5 of 5 Form #2743)
- D. International Certification and Reciprocity Consortium (ICRC) written examination taken after June 1, 2008 (unless you have completed the ICRC Case Presentation Method oral examination through DSPS, WCB, or other jurisdiction of the ICRC).
- E. Supervised Experience Form (Form #2749)
- F. Education & Training Form (Form #2751) with proof of attendance and completion
- G. Official transcript showing associate's, bachelor's, master's or doctoral degree in a field of behavior science (**must be sent directly from school**)
- H. Conviction and Pending Charges (Form #2252) (if applies)

EDUCATION

	Date of Graduation	Name and Location of School/or equivalent
High School/or equivalent		

List name of school attended where you received your degree. **Only required for Clinical Substance Abuse Counselors (ORIGINAL official transcript(s) of your College, University is required. Copies of student issued transcripts will not be accepted).**

Name of School	Dates Attended mm/dd/yy	Major	Diploma or Degree Received	Date of Graduation

APPLICANTS WHO ARE CREDENTIALLED AS SUBSTANCE ABUSE COUNSELORS IN OTHER STATES OR TERRITORIES COMPLETE THIS SECTION:

I am credentialed in the following states or territories:

Applicants are required to have each state board or territory of the United States in which they have ever been credentialed provide a letter of good standing. This letter must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. If your credential was obtained without having taken a national exam or its equivalent, you may not be eligible for licensure by reciprocity in Wisconsin.

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FOREIGN DEGREES

Was your degree issued by a school outside of the U.S.? ☐ Yes ☐ No

Applicants with a degree awarded by a foreign institution of higher learning are required to submit a transcript in English from an approved credentialing evaluation service. See the Department website at <http://dsps.wi.gov> for a list of approved services.

Mark an X in the appropriate box. If you answer YES to any question, give an explanation of all details on an attached sheet.

A "YES" answer does not preclude certification. *Please print your name and birth date at the top of each attached sheet.*

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Have you ever applied for and been denied a credential (license, certification or registration) in any profession? If yes, give details on an attached sheet, including the name of the profession and the licensing authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever surrendered or canceled your credential (license, certification or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is disciplinary action pending against you in any jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any felony or misdemeanor charges pending against you? If yes, attach Form #2252 providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted of a misdemeanor or a felony? If yes, attach Form #2252 providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in <u>Wisconsin Statutes</u> ? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |

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CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____

(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name**Middle Initial**

Last Name

Profession

Date of Birth

month

day

year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address?

☐ Yes

☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.